

# APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

<b>DHR</b> Application Date <p style="text-align: center;"><b>8/24/82</b></p> Application Number <p style="text-align: center;"><b>82-42</b></p>	<b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b> <b>Office of Financial Services</b> <b>Public Assistance Unit</b> <b>47 Trinity Ave. S.W. - Room 503-S</b> <b>Atlanta, Ga. 30334</b>	<b>ARCHIVES AND HISTORY</b> Application Number <p style="text-align: center;"><b>75-269-A</b></p> <div style="display: flex; justify-content: space-between;"> <div>Date Received <b>AUG 31 1982</b></div> <div>Date Completed <b>OCT 25 1982</b></div> </div>
<b>2. Person to Contact</b> <span style="float: right;"><b>Working Title</b> <span style="float: right;"><b>Telephone Number</b></span></span> <div style="display: flex; justify-content: space-between;"> <div><b>Nancy Howell</b></div> <div><b>Supervisor</b></div> <div><b>656-4373</b></div> </div>		
<b>3. Action Requested</b> a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <b>75-269</b> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void <div style="text-align: right; margin-top: 5px;"> <b>Change Retention Period</b>  <b>Change File Arrangement</b>  <b>Change List of Inclusive Materials</b> </div>		
<b>4. Dates of Series</b> Earliest _____ Latest _____	<b>5. Records Series Title (followed by title used in office, if different)</b> <p style="text-align: center;"><b>Public Assistance Bank Credit Files</b></p>	
<b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created? <div style="height: 150px; border: 1px solid black; margin-top: 5px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">XX</div> </div>		
<b>7. Records Series Description</b> This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: <div style="margin-top: 20px;"> <p>Included are: <b>stop payment request to bank; correspondence between Public Assistance Office and DFCS Offices requesting affidavit from welfare recipient; copy of original check, acknowledgement letter from bank stating receipt of bank credit or refund; and related documents.</b></p> <p>File is arranged: <b>chronologically by month; thereunder, by county case number</b></p> </div>		
<b>8. Monthly Reference Rate</b> How often are records referred to which are: One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?		
<b>9. Annual Rate of Accumulation or Records</b> Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Administratively, these files are necessary to document payments made for public assistance.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) \_\_\_\_\_

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Nancy J. Howell	8/24/82	Paul T. Murphy	8/24/82
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	9-14-82
		Secretary of State/Designee	9-3-82
		Attorney General/Designee	10-20-82



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
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1. Application Date 10-31-75	2. Agency Application # DHR-19	3. Date Received NOV 19 1975	4. Application No. 75-269	5. Date Completed DEC 16 1975
6. Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Ga. 30334		7. Person in Contact Nancy Howell Staff Supervisor 656-4485		

8. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

9. Earliest & Latest Dates of Series 1974 - Present	10. Exact Series Title Public Assistance Bank Credit Files
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11. What is the function of the office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services.

Accounting Benefits Payments - responsible for processing payments for benefits and services -- subsections are Medicaid-Nursing Homes, Medicaid-Other Expenses, Vocational Rehabilitation, Assistance Payments, and other benefits (Crippled Children, Cancer, Sterilization, Mat-Pak, Foster Homes, Cuban Refugees, etc.).

12. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the recovery of public assistance funds from banks who have made unauthorized payment of public assistance checks.

Included but not limited to are, stop payment request to bank, correspondence between Public Assistance Office and County FCS Offices requesting affidavit from welfare recipient, affidavit signed by welfare recipient stating that he or she had not cashed or authorized cashing of public assistance check, copy and original check, acknowledgement letter from bank stating bank credit or refund if applicable and related documents.

Files are arranged chronologically by year and month.

ATTACH SAMPLES OF THE FILE

EQUIPMENT ACQUIRED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records			
				In Office		In Storage Area	
Letter-size File Drawers	1	1		1/2	less than 1		
Legal-size File Drawers			Floor Space Occupied (Square Feet)				
				This Year's	Last Year's	Preceding Year's	All Years
			AVERAGE DAILY REFERENCES	10	5	1	1

## QUESTIONNAIRE Please mark "x" in the proper column. If answer is "YES," please explain.

- |   | YES                                     | NO                                      |
|---|---|---|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> [X] | <input type="checkbox"/> [ ]            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 16. Does the series contain classified information requiring security handling?   | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 18. Could the function be performed if the files were lost or destroyed?  | <input checked="" type="checkbox"/> [X] | <input type="checkbox"/> [ ]            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?                  | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/> [ ]            | <input checked="" type="checkbox"/> [X] |

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

## Reference Experience

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area 1 month(s)/ 1 year(s):  
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 2 year(s):  
☒ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William J. McDonald RMO	11-10-75		
26. Recommendations in paragraph 25 are:	Agency Head/Designee	Nancy Howell	11/10/75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	State Auditor/Designee	William M. Ayers	12-11-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	Secretary of State/Designee	Carroll West	12-10-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	Attorney General/Designee	M. D. Shell	12-12-75
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

STATE RECORDS  
COMMITTEE

STATE  
OF  
GEORGIAApplication for  
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISIONPAGE  
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1. Application Date 10-31-75	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received: NOV 19 1975 Application No.: 75-269 Date Completed: DEC 16 1975	
2. Agency Application No. DHR-19		4. Person in Contact Nancy Howell	6. Tel. No. 656-4485
3. Agency Name, Division, Subdivision & Administering Office Address Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Ga. 30334		5. Working Title Staff Supervisor	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1974 - Present	9. Exact Series Title Public Assistance Bank Credit Files
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10. What is the function of the office in which this record series is created?

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Files are arranged chronologically by year and month.

## ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
Letter-size File Drawers		1	1		1/2	less than 1		
Legal-size File Drawers				Floor Space Occupied (Square Feet)	In Office(s)		In Storage Area(s)	
					This Year's	Last Year's	Preceding Year's	
				AVERAGE DAILY REFERENCES	10	5	1	
							1	

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
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| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 5 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Based on previous reference experience concerning prosecution of fraud, balancing bank statements, etc.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/ 2 year(s):  
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 3 year(s):  
☒ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

~~Further destruction is prohibited on all material including original checks.~~ Check must be maintained according to standard #73-477-A, Public Assistance Cancelled Check Files.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William J. McDonald RMG	11-10-75		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Nancy Howell	11/10/75
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	William M. Higon	12-11-75
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Carace Hart	12-10-75
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	M. J. Keefe	12-12-75

STATE RECORDS  
COMMITTEE